This year’s conference will be held on November 6-8, 2014 at the Embassy Suites Anaheim South in Garden Grove, California. The conference is designed for nurses, dietitians, physicians, midwives, nurse practitioners, physician assistants, social workers and other health care professionals who face ever increasing challenges of diabetes in pregnancy care. The focus will be on simple solutions for the prevention of diabetes-related dilemma’s that exist today in the treatment of preconception and pregnancy care. While these solutions may be simple, implementing them into diverse lifestyles can be challenging.

On Thursday afternoon, November 6, two workshops will be presented. The Exercise for Pregnant Women with Diabetes will answer questions such as: What exercise research is available? How do we break the research down in a manageable way for women to exercise appropriately and safely? The Intensive Insulin Therapy workshop will cover both the Continuous Subcutaneous Insulin Infusion (CSII) and Multiple Daily Injection Therapy.

During the main conference on Friday and Saturday, nationally recognized experts will underscore practical and relevant information related to glucose management, diabetes and obesity prevention, preconception care, nutrition, exercise, weight management, breastfeeding, metabolic syndrome, obesity and long term follow-up care. Saturday morning a special session will provide the fundamental basics of learning the ICD-10 coding system.

The goal of this conference is to provide a comprehensive update and review on current issues and contemporary topics related to diabetes and reproductive health. Emphasis will be placed on practical application of evidence-based topics and implementation of a variety of risk management strategies in an effort to improve pregnancy and long-term outcomes for mothers and their families. Ample time is allowed for networking, visiting exhibits and door prizes. You are invited to join us for two and one-half days of learning and fun.

To download brochure, please visit www.sweetsuccessexpress.org - on the Conference Page, email ssep1@verizon.net or to register online visit https://proedcenter.com/Diabetes_in_Pregnancy_2.html.
You're with a patient who just recently got diagnosed with gestational diabetes. As you’re talking about her metformin prescription, she says to you “I’ve been told that I have depression but always been afraid to take Paxil, so I use St. John’s Wort. Sometimes I feel okay, most of the times not!” and “Do you think I’ll interact with the metformin?” As her CDE (certified diabetic educator) what do you tell her? You can educate her about blood sugar control, you can explain to her concerns with gestational diabetes, and you can even talk to her about what to expect post-partum. But, what about her depression? Or, the medications she mentioned...are either safe and effective for a diabetic pregnant woman. You suggest she discuss this matter with her psychiatrist, but she said she won’t. Nor does she want to expect post-partum. But, what about her depression? Or, the medications she mentioned...are either safe and effective for a diabetic pregnant woman. You suggest she discuss this matter with her psychiatrist, but she said she won’t. Nor does she want...
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ICD-10 Compliance Date

A Provider eNews - Special Edition was released by the Medicare Learning Network (MLN Connect), on Friday, May 2, 2014, that provided an update on ICD-10 Compliance Date. Below is a copy of that eNews notice.

ICD-10 Compliance Date
On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

July ICD-10 End-to-End Testing Canceled: Additional Testing Planned for 2015
CMS planned to conduct ICD-10 testing during the week of July 21 through 25, 2014, to give a sample group of providers the opportunity to participate in end-to-end testing with Medicare Administrative Contractors (MACs) and the Common Electronic Data Interchange (CEDI) contractor. The July testing has been canceled due to the ICD-10 implementation delay. Additional opportunities for end-to-end testing will be available in 2015.

Please share this important information with your colleagues and encourage them to subscribe to the eNews. Previous issues are available in the archive.

NOTE: Mary Ann Hodorowicz RD CDE MBA will present this topic at Nov. Conf. on Saturday morning.

ASPIRIN DOES NOT PREVENT PREGNANCY LOSS

According to a news release by the National Health Institute (NIH) on April 1, 2014, a recent study found that daily low dose of aspirin does not appear to prevent subsequent pregnancy loss among women with a history of one or two prior pregnancy losses. It did, however, find that in a smaller group of women who had experienced a single recent pregnancy loss, aspirin increased the likelihood of becoming pregnant and having a live birth.

Dr. Enrique Schisterman, the first author, stated, “Our results indicate that aspirin is not effective for reducing the chances of pregnancy loss in most cases.” He continues to say that additional research is needed to investigate the finding that women who had experienced a single, recent pregnancy loss (before 4 1/2 months of pregnancy and within the past year) had an increased rate of pregnancy and live birth while on aspirin therapy.

To read more about the study, Effects of Aspirin in Gestation and Reproduction (EAGeR) trial, visit http://www.nih.gov/news/health/apr2014/nichd-01.htm.

TOBACCO / DRUG USE IN PREGNANCY

Smoking tobacco or marijuana, taking prescription painkillers, or using illegal drugs during pregnancy is associated with double or even triple the risk of stillbirth, according to research funded by the National Institutes of Health. Researchers based their findings on measurements of the chemical by products of nicotine in maternal blood samples; and cannabis, prescription painkillers and other drugs in umbilical cords. Taking direct measurements provided more precise information than did previous studies of stillbirth and substance use that relied only on women’s self-reporting. The study findings appear in the journal Obstetrics & Gynecology.

Based on the blood test results and women’s own responses, the researchers calculated the increased risk of stillbirth for each of the substances they examined:

- Tobacco use: 1.8 to 2.8 times greater risk of stillbirth, with the highest risk found among the heaviest smokers
- Marijuana use: 2.3 times greater risk of stillbirth
- Evidence of any stimulant, marijuana or prescription painkiller use: 2.2 times greater risk of stillbirth
- Passive exposure to tobacco: 2.1 times greater risk of stillbirth

The researchers noted that they could not entirely separate the effects of smoking tobacco from those of smoking marijuana.


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However, all of the other CDAPP Sweet Success education materials/tools are available for free download at www.CDAPPSweetSuccess.com